

PUTNAM COUNTY EMERGENCY MEDICAL SERVICES

**270 CARLEN DRIVE
COOKEVILLE, TN 38501
(931) 528-1555 FAX (931) 372-0295**

INDIVIDUAL EMPLOYEE HEALTH RECORD

STATE EMS NUMBER:
Social Security number#:

IN COMPUTER:
YES

LAST NAME: FIRST NAME:

DATE OF BIRTH: ____/____/____

REASON FOR TESTING, VACCINE RUN NUMBER ____ - ____

EXPOSURE YEARLY INITIAL

TB HISTORY:
POSITIVE TB TEST YES NO PREVIOUS TB TREATMENT YES NO
LAST CHEST X-RAY: ____/____/____

PPD TEST
GIVEN
____/____/____
BY
READ ____/____/____
BY
RESULTS
NEG POS
LOT:

INFLUENZA VACCINE:
GIVEN: ____/____/____
BY:
LOCATION:
LOT:

HEPATITIS VACCINE
SHOT NUMBER:
GIVEN: ____/____/____
BY:
LOCATION:
LOT:

HEPATITIS VACCINE
SHOT NUMBER:
GIVEN: ____/____/____
BY:
LOCATION:
LOT:

HEPATITIS VACCINE
SHOT NUMBER:
GIVEN: ____/____/____
BY:
LOCATION:
LOT: